

FORM  
5

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400275579

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type  Final completion  Preliminary completion

1. OGCC Operator Number: 100322 4. Contact Name: Tania McNutt  
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4392  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-34062-00 6. County: WELD  
7. Well Name: VISTA USX Well Number: WW33-08D  
8. Location: QtrQtr: NWNE Section: 33 Township: 1N Range: 66W Meridian: 6  
Footage at surface: Distance: 707 feet Direction: FNL Distance: 2050 feet Direction: FEL  
As Drilled Latitude: 40.013020 As Drilled Longitude: -104.780020

GPS Data:

Data of Measurement: 10/06/2011 PDOP Reading: 2.4 GPS Instrument Operator's Name: Paul Tappy

\*\* If directional footage at Top of Prod. Zone Dist.: 1986 feet. Direction: FNL Dist.: 692 feet. Direction: FEL

Sec: 33 Twp: 1N Rng: 66W

\*\* If directional footage at Bottom Hole Dist.: 2002 feet. Direction: FNL Dist.: 686 feet. Direction: FEL

Sec: 33 Twp: 1N Rng: 66W

9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 09/25/2011 13. Date TD: 09/29/2011 14. Date Casing Set or D&A: 09/30/2011

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8610 TVD\*\* 8267 17 Plug Back Total Depth MD 8555 TVD\*\* 8212

18. Elevations GR 5071 KB 5825

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL  
Tripple Combo

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	14	1,429	539	0	1,429	
1ST	7+7/8	4+1/2	11.6	14	8,600	750	1,370	8,600	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SUSSEX	5,085		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,713		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,562		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,976		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,008		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,266		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Hard copies of logs were mailed to COGCC on 5/2/12

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Tania McNutt

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: tmcnutt@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400275581	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400275591	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400280149	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Other Attachments</b>			
400275592	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400275596	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400275598	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)